

Smile Kingdom Dental Financial and Office Policies

Financial Policy:

Initial



IT IS OUR POLICY TO RECEIVE PAYMENT AT THE TIME OF SERVICE, AND IT IS DUE AT CHECK-IN. For your convenience we accept cash, money orders, and most credit cards payments, including Care Credit at the time of service. We will ask for ID before using these forms of payments. In the event of a divorce, the responsible party is the parent that brings the child to the appointment, independent of what a divorce decree may state. Reimbursement must be made between the divorced parties, as we will not intervene. **Please also be advised, that in the event that we may have to send your account to collections, a \$35.00 late fee will be applied to the balance.**



Estimates:

Initial



As a courtesy, we will give you an ESTIMATE for your portion based on the information given to us by your insurance carrier. Please remember that this is only an estimate, and if any additional co-payments occur after insurance pays, that it will also be your responsibility. Treatment plans may change based on the needs of your child, but we will always do our best to provide you with an estimate as anything changes. For extensive treatment, a preauthorization will be submitted to your insurance. The preauthorization can take up to 4 weeks to process and is not a guarantee of insurance payment.

Insurance

Initial



As a courtesy, we are happy to file a dental claim with your insurer on your behalf, but YOU are ultimately responsible for all charges. We are happy to submit the claims necessary to see that you receive the full benefits of your coverage, however we cannot guarantee any estimated coverage, or insurance payments. We ask that you read through your policy so that you are fully aware of the benefits provided and the limitations imposed. Though we do our best to keep up with any changes with your insurance, we ask that you let us know if there are any changes to your policy as you will be responsible for any patient portions that occur. If your insurance delays payments (after 90 days of submission), then you will also be responsible for the balance.

No Shows or Cancellations

Initial



We require at least 2 BUSINESS DAYS NOTICE if your child is not able to come to their appointment. After 2 cancellation/No Show, we will ask **deposits to schedule future appointments.** Our cancellation policy is as follows:

- There will be a **NON-REFUNDABLE deposit / charge of \$50.00** to your account for every cleaning appointment missed without 2 business days notice.
- **It is a NON-REFUNDABLE deposit/charge of \$75.00 for Treatment appointments or Saturday appointments.** If a Saturday appointment is missed it will not be offered to your family again until appointment history improves.
- If we find that cancellations / No Shows are excessive we will retain the right to dismiss your family from the practice, and we will give you 30 days to find another dentist.

Treatment Policy

Initial



For your comfort, one adult is welcome, but not required, to accompany your child to the operatory. When accompanying the child during treatment we ask that you be a “silent partner” so that we may focus on establishing a relationship, and to build trust with the child. The person accompanying the child must remain in the office at all times while the child is in our office. If you are unable to accompany your child on the subsequent appointments, a form entitled “Authorization for others to consent to dental care” must be filled out by the parent. All Co pays are still due at the time of service even with this form. We ask that you don’t take photographs, or video, for the reason that it can be distracting during treatment.

Release of Liability and Assumption of risk – I acknowledge that enjoyment of various play activates at Smile Kingdom Dental is based upon my, as the parent or guardian of minor, executing this Release of Liability and Assumption of Risk. I hereby understand and agree to assume all risks and dangers to my child or minor, such as falling down off of equipment, whether or not listed herein. I understand that as the guardian of the minor I am choosing to bring into Smile Kingdom Dental, that the well-being of the minor is fully my responsibility. Additionally, I hereby release and waive on behalf of my child and, if applicable, my minor ward, to the extent permitted by law, all claims or causes of action against Smile Kingdom Dental, and all of their affiliates, including Officers, Doctors, directors, employees, contractors, agents, hairs, and assigns. By signing this document, I acknowledge that I have read and understand the provisions contained herein.

Parent / Guardian Signature

Date